



Fire Suppression Contractors General Liability Application

1. Applicant: _____
2. Street Address: _____
Mailing Address (if different): _____
Additional Locations (if any):
 - a. _____
 - b. _____
 - c. If additional space is necessary, please provide additional worksheet
3. Name of contact person for inspection/audit: _____ Telephone No: _____
4. Applicant is: Individual Corporation Partnership Other(Describe): _____
5. COVERAGE: LIMITS

General Aggregate	
Products-Completed Operations Aggregate	
Each Occurrence	
Personal and Advertising Injury	
Fire Damage	
Medical Payments	
Deductible	
6. Do your employees participate in any professional organizations such as:
 NFPA SFPE NFSA AFSA Other: _____
7. How long have you owned this business: _____
8. How many years of experience do you have in this field? _____
9. Are you involved in any other operations? Yes No If Yes, please describe: _____

10. Describe the duties of owner: _____

11. Provide the names of your five largest clients and a description of your duties for them:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
12. Signed contract with all customers? Yes No
13. Percent of customers under a standard contract: _____

PLEASE ATTACH A COPY OF YOUR STANDARD CUSTOMER CONTRACT OR PURCHASE ORDER.



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14. Pre-employment Screening Procedure (check applicable):

- Prior Employment Check
 Personal Reference
 Psychological Testing
 Drug Screening
 MVR
 Background Check
 Other

Please describe "Other": _____

15. Training Program Consists of (check applicable):

- Written Manual
 Report Writing
 CPR
 On the Job
 Firearms
 Use of Force
 Powers of Arrest
 Other

Please describe "Other": _____

16. Please indicate all licenses held by you and your employees: _____

17. **OPERATIONS:** Provide \$ Breakdown of Applicable Operations:

Type	Payroll	Receipts
New Installation	_____	_____
Retrofit	_____	_____
Design	_____	_____
Service/Repair	_____	_____
Inspections	_____	_____
Grease/Duct Cleaning	_____	_____
Other: _____	_____	_____

Using annual gross receipts, estimate the percentage of sales from the following categories:

<u>OPERATIONS</u>	<u>MARKET SEGMENTS</u>	<u>SYSTEMS</u>
New Installation _____ %	Commercial _____ %	Wet/Dry Sprinklers _____ %
Retrofit _____ %	Restaurants _____ %	Foam/Chern Syst. _____ %
Design _____ %	Institutional _____ %	Special Hazard _____ %
Service/Repair _____ %	Habitational _____ %	Portable Exting. _____ %
Inspection _____ %	Residential _____ %	
Grease/Duct Clean _____ %	Computer Rooms _____ %	
Other: _____ %		

Receipts Current Year: _____ Last Year: _____ Prior Year: _____ 2 Years Prior: _____

Payrolls (Total) _____

18. Do you use any subcontractors? Yes No

a. If Yes, indicate annual cost: \$ _____

b. What kind of work is subcontracted? _____



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- c. Do you use a written contract with all your subcontractors? Yes No
If Yes, please attach a copy of the contract
 - d. Do you obtain Certificates of Insurance from all your subcontractors? Yes No
 - e. Are you always added as an additional insured by your subcontractors? Yes No
If No, give percentage: _____ %
 - f. Indicate contractually required minimum limits of liability insurance: _____
19. Have any of your jobs been in gasoline/fueling stations, chemical plants, refineries, nuclear power plants or similar hazardous occupancies? Yes No
If Yes, please indicate for whom and year done; or indicate if you intend to perform such work: _____

20. Percent of jobs including:
Fire Pumps _____ % Foam _____ % Gas/Chemical _____ % Fire Hydrants/Stand Pumps _____ % Other _____ %
21. If residential work is not currently done, please indicate the last year that residential work was done: _____
22. Do you install, service or repair fire suppression systems aboard aircrafts, automobiles, mobile equipment, boats?
 Yes No If Yes, please describe: _____

23. Do you fill any type of oxygen tanks? Yes No
24. If you perform any retrofit work, describe the type of retrofit work, occupancy, number of stories, reason for retrofit, etc.: _____
25. Do you install systems in buildings over four (4) stories? Yes No
26. Do you manufacture any fire protection equipment? Yes No
27. Do you sell any type of product including protective clothing or life support equipment? Yes No
28. Are you covered as Additional Insured under Vendors coverage by manufacturer? Yes No
29. Do you design fire suppression/extinguishing systems? Yes No
If Yes,
a. Are employees with Level III or IV Certificates used? Yes No
b. Is there a licensed and/or registered Professional Engineer (P.E.) on staff? Yes No
If Yes to 'b' above,
i. Does the P.E. stamp and seal their own plans? Yes No
ii. Does the P.E. stamp and seal plans for outside firms? Yes No
c. Are outside firms used for design work? Yes No
If Yes, what percent of total design? _____ %
d. Do you do any design work for other firms? Yes No
If Yes, indicate the percentage of design work done for others and describe: _____ % _____

30. Does the plan owner or draftsman approve any changes to the specifications? Yes No



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31. Does the insured management (job foreman) approve changes to the specifications? Yes No

32. Do you prepare drawings for suppression system installations? Yes No

If Yes, describe how such drawings are checked for compliance with the specifications of the system and the local building and life safety codes: _____

33. Are detailed records kept on all jobs? Yes No

If Yes, please check what is typically in those records: Dates Type of work performed

Materials used Replaced or recharged parts When the system is activated

For how long are records retained? _____

34. Who verifies at completion of the job that all work complies with NFPA standards and local codes? _____

35. If retrofit work is done, do the job proposals and contracts include an asbestos clause mandating removal of asbestos by a third party prior to work commencement? Yes No

36. Approximately what percentage of jobs use CPVC pipe? _____ % Are all of your fitters trained on the various cure times for different size pipes? Yes No

37. Describe any fuels, chemicals, or other hazardous materials stored at the job site, how are the stored/protected, and spill prevention methods: _____

CLAIMS/LOSS HISTORY: If none, so state. Attach five (5) years currently valued loss runs with application, if available.

Verified loss runs are required to bind.

Date	Description	Amount Paid	Reserves	Open/Closed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe any additional incidents that have occurred that may result in a claim being made against you. If none, so state: _____



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POLICY INFORMATION

Carrier	Policy Period	Limits	Premium	Exposures Basis	Deductible
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has any carrier cancelled or refused to renew? Yes No

If Yes, please describe: _____



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State Notices: The following notices are required by the Insurance Department of the indicated states.

WARNING: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for Insurance containing any false information, or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ARIZONA APPLICANTS: For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any Insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

NOTE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.



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NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY

Applicant	Date	Producer	Date
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NOTICE:

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NON-ADMITTED" OR "SURPLUS LINES" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINES INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: www.insurance.ca.gov.
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASE BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

Date: _____

Insured: _____